

**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

☒ Declaration Submitted with Initial Filing **OR** ☐ Declaration Submitted after initial Filing (surcharge (37 CFR 1.16(e)) required)

Attorney Docket Number

VIXS 034

First Named Inventor

Mathew Rybicki

COMPLETE IF KNOWN

Application Number

Filing Date

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:**My residence, mailing address, and citizenship are as stated below next to my name.**

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

LOW POWER DISTRIBUTED TRANSMITTER

the specification of which

(Title of the Invention)

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(c) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checkign the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Applications Numbers(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

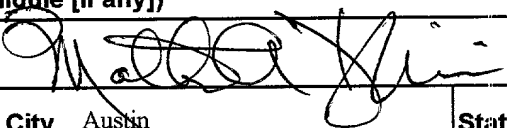

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119 (e) of any united states provisional application(s) listed below.

Application Numbers(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

SEND TO: Assistant Commissioner for Patents, Washington, DC 20231

DECLARATION - Utility or Design Patent Application

Direct all correspondence to: <input type="checkbox"/> Customer Number or Bar Code Label <input type="text"/>		OR <input checked="" type="checkbox"/> Correspondence address below	
Name Timothy W. Markison			
Address P.O. Box 160727			
Address			
City Austin	State TX	ZIP 78716-0727	
Country USA	Telephone (512) 342-0612	FAX (512) 342-1674	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Mathew A.		Family Name or Surname Rybicki	
Inventor's Signature 		Date 12/14/01	
Residence: City Austin	State Texas	Country USA	Citizenship US
Mailing Address 10201 Kabar Trail			
Mailing Address			
City Austin	State Texas	ZIP 78759	Country USA
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Michael DAVID		Family Name or Surname Cave	
Inventor's Signature 		Date 12/14/2001	
Residence: City Pflugerville	State Texas	Country	Citizenship US
Mailing Address 603 Mountain View Dr			
Mailing Address			
City Pflugerville	State Texas	ZIP 78660	Country
<input type="checkbox"/> Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheets(s) PTO/SB/02A attached hereto.			

NAME OF THIRD INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Michael		Family Name or Surname May	
Inventor's Signature		Date 12/14/01	
Residence: City Austin	State Texas	Country	Citizenship US
Mailing Address 1213 Shannon Oak Tr			
Mailing Address			
City Austin	State Texas	ZIP 78746	Country

NAME OF FOURTH INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) TIMOTHY W		Family Name or Surname MARKISON	
Inventor's Signature		Date	
Residence: City AUSTIN	State TX	Country US	Citizenship US
Mailing Address 9732 BIG VIEW DR			
Mailing Address			
City AUSTIN	State TX	ZIP 78730	Country USA

NAME OF FIFTH INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country

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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number

Filing Date

First Named Inventor

Mathew Rybicki

Group Art Unit

Examiner Name

Attorney Docket Number

VIXS 034

I hereby appoint:

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Practitioners at Customer Number

OR

☒

Practitioner(s) named below:

Place Customer
Number Bar Code
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Name	Registration Number
Timothy W. Markison	33,534
Bruce E. Garlick	36,520
James A. Harrison	40,401

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

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The above-mentioned Customer Number.

OR

☒

Firm or
Individual Name

Timothy W. Markison

Address

P.O. Box 160727

Address

City

Austin

State

TX

Zip

78716-0727

Country

USA

Telephone

(512) 342-0612

Fax

(512) 342-1674

I am the:

☒

Applicant/Inventor.

☐

Assignee of record of the entire interest. See 37 CFR 3.71

Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name

DAVID
Michael A Cave

Signature

Michael David Cave

Date

12/14/2001

NOTE:

Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.
Submit multiple forms if more than one signature is required, see below*.

☐

*Total of _____ forms are submitted.

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Washington, DC 20231

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Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).**SIGNATURE of Applicant or Assignee of Record**

Name

Michael May

Signature

Date

12/14/01

NOTE:Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.
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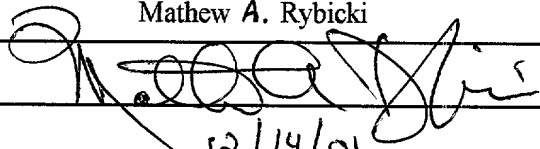
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Name

Mathew A. Rybicki

Signature



Date

12/14/01

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